



**APPLICATION FOR  
TENNESSEE MOTOR VEHICLE COMMISSION  
MANUFACTURER OR DISTRIBUTOR REPRESENTATIVE LICENSE**

Print all information in **black ink** or have **typewritten**

\_\_\_\_\_  
Last Name                      First                      Middle                      Social Security Number

\_\_\_\_\_  
Residential Address                      City                      State                      Zip

Birth Date	Eye Color	Hair Color	Sex	Height	Weight

**Employer Information:**

**Name of Manufacturer or Distributor or Branch Office**

\_\_\_\_\_

\_\_\_\_\_  
Street/Mailing Address or P.O. Box                      City                      State                      Zip

**Employer E-Mail Address:**

\_\_\_\_\_

(     )                      (     )                      \_\_\_\_\_  
**Phone Number                      Fax Number                      Tennessee Motor Vehicle License # of  
Manufacturer/Distributor/Branch Office**

Line-makes (brand names) to be represented by applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

1. Have you ever been convicted of a felony? \_\_\_\_\_ ***If so, you must attach the final judgment decree.***  
Yes or No
2. Has your application or request for licensure as a factory or distributor representative, or motor vehicle salesperson ever been denied or revoked in this or any other state? \_\_\_\_\_  
Yes or No
3. Is your direct employer a manufacturer, wholesaler, distributor, factory branch or distributor branch? \_\_\_\_\_
4. Are you familiar with T.C.A. 55-17-114(c) which prohibits certain business activities between manufacturers, wholesalers distributors, factory branches, distributor branches and dealers? \_\_\_\_\_  
Yes or No
5. Do you understand that you can represent **only** the entity for which a license is issued? \_\_\_\_\_  
Yes or No
6. Are you familiar with the laws of the State of Tennessee that apply to motor vehicle or recreational vehicle sales activity? \_\_\_\_\_  
Yes or No
7. Do you know that your representative license **MUST BE** returned to the Motor Vehicle Commission when you cease to be employed by the above entity? \_\_\_\_\_  
Yes or No

I hereby certify that I have read and understand the provisions relating to the motor vehicle or recreational vehicle sales activities and that this application is made in good faith and that the answers and statements herein are full, correct, and true to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**(Seal)**

\_\_\_\_\_  
Notary Public

Enter below your employment or other pursuit(s) for the prior two years, including but not limited to, full or part-time employment, self employed, student, hospitalization, incarceration, retired, military etc....

Name of Employer

Address of Employer

Date Month-Year  
From-----To

In what capacity were  
you employed?


**Endorsement of Application for Factory or Distributor Representative License**

(Note: An officer or a duly appointed agent of the company is required to endorse the application for licensure) I have read the answers of the applicant named herein, I have made diligent inquiry and investigation, and believe that they are true to the best of my knowledge and belief, and on behalf of my company I hereby endorse this person as an individual of good business standing and one who is worthy of licensure, and hereby request that a license be granted under the rules, regulations, and procedures of the Motor Vehicle Commission.

On behalf of my company, I agree that:

Instructions covering the provisions of the law governing the sale of motor vehicles or recreational vehicles have been given the applicant for said license and that they shall have a reasonable understanding of same before being permitted to transact the business for which the license is requested.

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Officer or Agent)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Company)

**BIENNIAL FEE: \$200.00**

Check for above fee should be made payable to:  
**Tennessee Motor Vehicle Commission** and mailed to  
500 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37243-1153